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A CASE OF OBSCURE ABDOMINAL DISEASE.\*

By ALFRED HOSMER, M.D. (Harv.), of Watertown.

JUNE 5, 1874.—From Mrs. F., I obtain the following facts: She was born in Boston, Dec. 1846. In 1855, her parents moved to Missouri, where she was soon seized with intermittent fever, which persisted, without interruption, for three months, and afterwards recurred several times until 1860, when she was taken to Iowa, where she experienced no farther trouble. In 1861, she came back to Boston, and remained four years, occasionally feeling an indistinct expression of malarial influence; but, with this exception, considered strong and well. In 1865, she again changed her residence, this time to Brighton. In 1867, she spent nine months in the city of New York, and soon after her return, commenced work in a box factory, and remained there until January, 1872, when she abandoned her occupation for reasons now to be given. The changes which resulted in broken down health began insidiously and advanced by imperceptible degrees. But at the date last mentioned, rather suddenly, she found herself unable to work longer, and presented the following symptoms: Cough, which lasted for two months, marked anæmia, nausea, extreme weakness, some emaciation; severe pain, extending from the nucha along the whole length of the spine; dyspænia, palpitation, pain in the cardiac region. The spinal pain was of brief duration; but at the end of twenty days, she suffered intensely for a week, from a pain in the right leg, which was located in the lower part of the calf, and on the anterior surface, in the region of the ankle. Edema, extending up to the knee, soon appeared, and has never since left the limb. For a considerable time afterwards, the condition of the leg produced a visible lameness.

In the course of a few weeks, the intensity of the symptoms, which had forced the patient to acknowledge herself an invalid, abated; but no changes took place which promised recovery, and her health remained broken and imperfect. Menstruation first appeared at the age of fourteen, and went on regularly until January, 1872. From that time, the function was tolerably well performed for a few months; but in the following August amenorrhœa commenced and lasted for a whole year. In August, 1873, the menses reappeared once, and were seen no more until April, 1874, when they assumed a natural character, and returned every four weeks. In the autumn of 1873, abdominal enlargement was first noticed. During the following winter, the bladder was

\* Reported to the Obstetrical Society of Boston, Oct. 10, 1874.

irritable to a troublesome degree, and exercise was sure to provoke incontinence of urine. In the spring of 1874, œdematous swelling first affected the left leg. The family history throws no light upon the case. Marriage took place July, 1873, and without any apparent detriment, and, certainly, with no advantage to her condition. There is no reason to suppose that conception has ever occurred.

Now, Mrs. F. is in her twenty-eighth year, and is rather a small woman. The countenance is somewhat pale, but, otherwise, the expression is not bad. The functions of the alimentary canal are well performed; the appetite is good, the food occasions no trouble, and the bowels are regular. Nights are comfortable, with sufficient sleep; no pain is felt at any point. The skin is universally harsh and dry; the hair inclined to fall. The strength is seriously impaired, and the flesh considerably less than natural. The patient is dressed every day. The chest furnishes no physical signs. Exercise oppresses the breathing. The pulse is frequent and feeble. The lower extremities are œdematous in their entire length, the right one being much larger than the left. The capillary circulation in both limbs is extremely sluggish, and they show a color closely approaching to purple. Menstruation regular and natural. Leucorrhœa always slight. The bladder gives no trouble, and the urine contains nothing of importance. The thermometer gives only a very slight elevation of temperature. The abdomen, measuring thirty-two inches in circumference at the navel, is unnaturally full, and exhibits an unmistakable prominence in the left lower half. To the touch, it is nowhere hard and firm, but offers more resistance in the left iliac region. The results of percussion, together with the presence of fluctuation, prove the existence of some kind of a fluid, held in a cyst, which seems to have thin and not very tense walls, and to contain a quantity amounting to three pints, more or less. This collection of fluid extends obliquely from a point well over to the right of the median line in the hypogastrium to the left lumbar region above the crest of the ilium, and fills the space from Poupart's ligament almost to the umbilicus. By the vagina, the cervix is found pointing slightly forward and to the right, having less than the ordinary mobility, and giving the idea that it is held in a somewhat unnatural position by something acting upon the fundus, as by adhesion or pressure. The finger discovers no tenderness, and gets no intimation of any abdominal growth. The uterine cavity takes the sound two and one-half inches plus. The rectum does not prove to be an avenue to knowledge. In answering the question of diagnosis, I could only say that it seemed to me more likely to be a case of ovarian dropsy than anything else.

The details of the treatment prescribed are unimportant; suffice it to say that the patient commenced and continued to improve in many respects until the second half of July, when she began to have attacks which were entirely new. After a premonitory yawning and gaping, there came severe pain in the abdomen, not limited to any part of that cavity, accompanied by great general distress and faintness. About this time, she was forced to take her bed, and to have recourse to morphine. Nausea and vomiting soon appeared in the case, at first occasional, and later persisting day after day.

The first of August found the patient looking very ill, and becoming worse quite rapidly.

August 3d, I thrust the needle of the aspirator into the sac, from a point a little above and to the outside of the middle of Poupart's ligament. I succeeded in obtaining five ounces of a yellowish, transparent serum, containing a large proportion of albumen. This operation was without obvious result. Six days later, August 9th, the attacks of abdominal pain having become more frequent and more severe, the nausea and vomiting more constant and more exhausting, I again used the aspirator, puncturing first at the same point as before, and with precisely the same result. The needle was then introduced a little farther to the right, and about five ounces more of apparently the same fluid was drawn out. The only immediate result of this operation was a visible diminution in the size of the abdomen in the left iliac region. But, in the course of the second week after this, the tumor was found to have undergone some very striking changes. Before setting forth those, I wish to describe two little episodes, which will make this August memorable in the mind of the patient. Early in the month, the bowels had become somewhat slow, and laxatives were resorted to, and, as was supposed, with complete results. But on the 16th, complaint of discomfort in the lower portion of the rectum was so loud that I was induced to explore, and found the bowel packed full of fecal material. The process of getting rid of this accumulation, which proved to be enormous in quantity, was long and tedious, and added to the already great exhaustion. About the same time, pain and tenderness had established themselves in the left arm, extending from shoulder to elbow, which region was also swollen and edematous. The left external jugular vein was hard, cordy and tender as far as could be felt, and the symptoms in the brachial region were referred to a phlebitis.

To return to the abdominal disease: Instead of that which could be nothing but a sac of fluid, with a smooth, even, ovoidal exterior, I found a solid mass, which felt precisely like a liver, turned bottom upwards and pushed down into the brim of the pelvis. Its anterior surface was smooth; its superior edge was well defined and regular in its outline; the portion lying to the left had a larger vertical dimension than that lying to the right, and, what renders the comparison more complete, was the division of these two portions, one from the other, by a notch or shallow fissure, which could be distinctly felt. This solid mass, almost insensible, occupied just about the same position and the same space as its predecessor, the cyst.

The patient entered the month of September with prospects improved. The nausea and vomiting had ceased; the stomach could receive and retain food; the bowels were more natural in action. Abdominal pains no longer required the constant use of anodynes. The nights were better. The swelling of the legs was very much less. The jugular vein had become soft; the trouble in the left arm had almost disappeared, and, finally, the abdominal mass had undergone an unquestionable diminution of size. The history of the case for September is that of a qualified convalescence. Apart from the progressive, favorable changes in the local disease, the most striking features were an increasing emaciation, a steady loss of strength, and the daily evacuation of incredible quantities of fecal material.

One word as to the menstruation. In July, it was all right. In August, there was simply an intimation of a menstrual discharge,

which lasted but a few hours. In September, nothing whatever has occurred.

The first week in October finds the patient as follows: Digestive system in good order. Strength increased, and flesh thought to be, though she is still very thin. Able to be dressed and to go about the house somewhat. Sleeping well. Legs absolutely free from swelling. Pulse slower and firmer. Countenance brighter. Abdomen naturally flat, 26 inches in circumference. The left iliac region is resonant under percussion. Upon palpation, I feel an ill-defined something, but it is so indistinct that I think a fresh observer would hardly attach any significance to it.

Knowing that the diagnosis of growths within the abdomen encounters difficulties which are presented by no other class of diseases, I venture upon no opinions. I am happy to know that the aspirator verified the assertion of fluid in the first stage of the case. And if there is any meaning in the evidence which comes to a physician's fingers through the abdominal walls of a female, there existed, in the second stage, a solid mass, which, considering the circumstances under which it originated, the peculiar shape which it assumed, the early date at which its course became a retrograde one, the steadiness and rapidity with which it followed that course, is one of the most striking pathological curiosities I have ever known.

What is it?

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### Translation.

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#### HYSTERICAL HEMIANÆSTHESIA.

Translated and condensed from *Leçons sur les Maladies du Système Nerveux.*  
Par J. M. CHARCOT.

By S. G. WEBBER, M.D., of Boston.

GENTLEMEN,—I wish to dwell particularly upon two subjects in this and the following lecture—hysterical hemianæsthesia and ovarian hyperæsthesia. I bring these two symptoms together because, generally, they are associated in the same patients.

In order to keep within bounds, I will consider only complete hemianæsthesia, as it is seen in severe cases. Even with such a severity, it is a frequent symptom, since M. Briquet found it 93 times in 400. The same author found it 70 times on the left, and 20 times on the right.

You know how it is in such cases. The two halves of the body being supposed separated by an antero-posterior plane, all one side—face, neck, trunk, &c.—has lost its sensibility, and, though very often only the superficial parts (external covering) is affected, sometimes the deeper portions (muscles, bone, joints) are also invaded.

Hysterical hemianæsthesia is complete or incomplete. Analgesia, with or without insensibility to heat and cold, thermoanæsthesia, is one of the most common varieties. The clearness with which the anæsthetic parts are separated from the healthy is an important character in the hysterical hemianæsthesia. On the head, face, neck, trunk, the demarcation is perfect, and corresponds almost exactly with the median line. Deserving of mention, also, is the paleness and rela-

tive coolness of the anaesthetic side. The ischaemia may be shown by the difficulty there is in severe cases of drawing blood by a pin prick from the anaesthetic parts.

I noticed this formerly when, having applied leeches to a patient attacked with hysterical hemianæsthesia, I noticed that the bites scarcely bled on the anaesthetic side, while on the healthy side the blood flowed as usual. This ischaemia may explain certain facts considered miraculous, as in the epidemic of Saint Medard, sword thrusts did not draw blood on those attacked with convulsions. It is only necessary to suppose that these were subject to hysterical anaesthesia, and that the sword was not thrust in too deeply.

The mucous membranes are attacked on one side of the body, like the external covering. The organs of sense themselves are affected to a certain degree on the anaesthetic side. Taste may have disappeared on the corresponding half of the tongue, from the tip even to the base. The sense of smell is blunted; sight is notably weakened, and, if the left side is affected, it may offer a very remarkable phenomena, which M. Galezowski has called achromatopsia. We will return to this again.

The hysterical hemianæsthesia does not seem to affect the viscera. Thus the ovary may be hyperaesthetic, very painful on pressure, even when the corresponding abdominal wall is absolutely insensible. The ovarian hyperaesthesia and the hemianæsthesia occur on the same side, and if the former is double, the latter is usually generalized, and, consequently, affects nearly the whole body. When paresis or contraction supervene, it is always on the side of the hemianæsthesia.

The hemianæsthesia is so much the more important as it is very nearly a permanent symptom, varying only in degree, and in the intensity of its phenomena.

It is important not to forget that it is a symptom which must be sought. Many patients show great surprise when its existence is revealed to them.

As to how far hemianæsthesia, as above described, is peculiarly a symptom of hysteria, it is very seldom that it can be found with the full combination of its characteristics, caused by any other disease. If it then is well-marked, it is a valuable indication, and it will often reveal the nature of a large number of symptoms, which, otherwise, would remain doubtful. This is not absolutely true; it is especially not correct to say that "hemianæsthesia, arising from encephalic lesions, always differs from hysterical hemianæsthesia in that in the former the skin of the face does not participate in the insensibility," or that, "when it exists it is never on the same side as that of the limbs." This is an error which has been reproduced in these very words, in the interesting thesis of M. Lebreton.

In cases which are, indeed, exceptional, but, yet, perfectly authentic, certain limited cerebral lesions may give rise to hemianæsthesia, with all the characteristics recognized in hysteria, or very nearly so.

The classical doctrine, at least, with us, is that cerebral lesions, occurring in foci which seriously affect the motor power, are almost without influence on the sensibility, especially when situated in the optic thalamus and corpus striatum.

When the lesion occurs suddenly, causing an apoplectic attack, the most marked symptom is a hemiplegia, more complete in the upper

limbs, and accompanied with relaxation. In the face, the buccinator and orbicularis oris are generally affected; the tongue is also protruded towards the paralyzed side. The vaso-motor nerves are also paralyzed, as is shown by an elevation of temperature in the paralyzed limbs.

The sensibility is not appreciably changed, or, at least, not permanently. There is no change in the special senses, unless there is some complication, as embolism of the central artery of the retina. Such is the combination of symptoms found in the vast majority of cases of haemorrhage or softening, affecting the parts of the encephalon referred to. But by the side of the rule, is a list of exceptions. There are cases, and I have seen several, where the sensibility is chiefly affected, and the anaesthesia persists, even after restoration of motion.

These alterations of sensibility may have the following characteristics: The anaesthesia affects all of one-half of the body, being arrested exactly at the median line. The corresponding half of the face, both skin and mucous membrane, is insensible, exactly as in hysterical hemianæsthesia. It is possible, then, to observe analgesia and therm-anæsthesia with preservation of tactile sensibility. Finally, there are, also, rare cases where, probably, the special senses were affected on the same side with the hemianæsthesia.

Almost always, when the hemianæsthesia has these peculiarities, the lesion is either entirely, or nearly so, limited to the optic thalamus. Is it necessary to conclude from this that lesion of the optic thalamus is the veritable organic cause of the hemianæsthesia in all these cases?

[Then follows a brief statement of the principal arguments for and against this proposition. He concludes:—]

I believe, from the preceding, that in the cerebral hemispheres there is a region, the lesion of which causes hemianæsthesia; the limits of that region are known approximately, but the localization cannot be more clearly defined, and no one can say whether it is the parts of the optic thalamus, or of the internal capsule, or of the centrum ovale, or of the third nucleus of the corpus striatum, included in that region.

A case is referred to, in which there was trembling, resembling paralysis agitans, on the same side with the hemianæsthesia, where the special senses were affected, there being amblyopia, loss of smell and of taste on that side. He concludes, therefore, that it is very probable that complete hemianæsthesia with disturbance of the special senses, just as it is seen in hysteria, may arise, in certain cases, by a localized lesion of the cerebral hemispheres.

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**PINT OF PARAFFINE OIL SWALLOWED BY A WOMAN.**—Dr. G. R. Gilruth reports a case in which a middle-aged, delicate woman, feeling herself becoming suddenly faint, seized an ordinary quart bottle, thinking it contained porter, and drank the whole of its contents, namely, a pint of paraffine oil. Her mistake being at once discovered, an emetic was given, causing copious vomiting. When seen, shortly after, by Dr. Gilruth, she complained of a burning sensation in the region of the throat and stomach; the surface of the body was cold, but the pulse was good, and the fauces, with the exception of being slightly reddened, had a natural appearance.

The treatment consisted in giving about three drachms of the bicarbonate of soda dissolved in a small basinful of warm water; ordering a hot poultice to be applied over the abdomen; and, later, two drachms of wine of ipecac, but without causing more vomiting. The natural warmth speedily returned to the body, the unpleasant symptoms disappeared, and in the course of a few days the woman was moving about in her ordinary state of health.—*Edinburgh Medical Journal*, Nov., 1874.

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## Progress in Medicine.

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### REPORT ON DERMATOLOGY.

By JAMES C. WHITE, M.D.

*Reaction of the Skin under slight Mechanical Irritation. (Vierteljahrsschrift für Dermat. und Syph., from Centralblatt.)*—Petrowsky calls attention to the white streaks which are produced upon the skin by drawing the finger-nail or any pointed instrument lightly over its surface. If a figure is traced in this way, no change is at first apparent, but in one fourth to one half a minute the irritated part begins to grow gradually pale; the paleness quickly reaching its maximum, remaining thus for a little time, and then very gradually disappearing. The figure thus traced is plainly visible, but varies in intensity, and lasts, according to the amount of irritation employed and to individuality, from four to six minutes before it wholly disappears. It can be called out at any time, as well when the skin is moist with perspiration as when dry, as well on parts generally exposed as on those usually covered. If a portion of skin is rubbed until red, and the irritation be then practised, the appearance is not evident until the general redness has faded; but if the figure be first traced and the part be rubbed when it begins to appear, it stands out in much bolder contrast upon the red groundwork. It is thus that the well-known "*spirit*" writing upon the arm or other parts is produced.

This phenomenon, according to Petrowsky, is probably produced by a contraction of the arteries of the skin, although it is not impossible that other histological elements of the skin may be concerned in it. In cases where the appearance is not easily developed, the cutaneous vessels must either be paralyzed or their irritability be much diminished.

*Skin Grafting. (Vierteljahr. für Dermat. und Syph., 1 Jahrg., 1 Heft.)*—Studensky concludes, from the results of fifty transplantings of skin upon ulcers, that the scars thus formed, however numerous the grafts, are as little capable of resistance as those which result from healing in the ordinary way from the periphery. He sees, therefore, no practical advantage in Reverdin's method.

*Cutaneous Eruptions symptomatic of Rheumatism and Gout. (Annales de Dermatologie et de Syphiligraphie, Tome 5, No. 6.)*—Professor Profeta, of Palermo, comes to the support of Bazin in his views concerning arthritism. He, too, believes in the existence of a peculiar set of cutaneous lesions which are produced by and are diagnostic of the rheumatic diathesis, which are thus described by him:—

1. The arthritides are seated sometimes upon parts of the body which are exposed, sometimes upon those which are rich in sweat glands and hair follicles, sometimes upon the skin which covers the joints. They are always circumscribed, and if by chance they spread, they never become general.

2. They never appear all at once, but are always developed by successive outbreaks.

3. They are asymmetrical, inasmuch as they never affect two corresponding regions, and, when occurring upon both sides of the body, their abundance and distribution are not the same.

4. The eruption appears in groups, which do not extend, and which never occupy any considerable surfaces.
5. The affected skin is generally of the color of red wine or a raspberry, and small haemorrhagic spots are often seen in the midst of the eruptions.
6. The efflorescences are polymorphic.
7. They are essentially dry, exhibiting no tendency to suppurate nor to serous exudation.
8. The sensation connected with them is not decidedly pruriginous; it is more prickling or burning.
9. The first outbreak lasts quite a long time; but as they are repeated they disappear more rapidly, and at last have only an ephemeral duration.
10. The arthritides almost always relapse.

*Sebaceous Tumors of the Scalp.*—Mr. Tyrrell, of the Mater Misericordiae Hospital (*Dublin Journal*, July, 1874), lays down the following practical rules for the treatment of these growths:—

1. That those which occur at birth, or in early infancy, should be removed without delay, as experience proves that such tumors have a tendency to cause destruction of the bone and to perforate the skull.
2. That the ordinary sebaceous tumors of the hairy scalp do not cause absorption of the bone.
3. That when a sebaceous cyst ulcerates, a spontaneous cure is not to be expected.
4. That when a sebaceous cyst ulcerates, it should be entirely removed as soon as possible.
5. That the ordinary sebaceous tumors may remain harmless for an indefinite time, and do not necessarily grow larger from day to day.
6. That the surgeon should not operate on them unless the patient is in good health, and after a careful examination, particularly of the urinary organs.
7. That for removing such tumors, the knife is preferable to caustic.
8. That external applications and internal remedies are worse than useless.

*Erysipelas.*—Orth (*Untersuchungen über Erysipel, Archiv f. Experiment. Pathol. u. Pharmacol.*, 1873) drew from his experiments upon animals, injecting into their tissues various fluids containing bacteria, the following conclusions:—

That epidemic erysipelas is caused by the development of a poison which is contained in the blood and also in the fluids which surround the affected portions of skin.

Erysipelas may be inoculated, by means of the fluids, from man to animals, and from them to him.

The development of erysipelas is always accompanied by a corresponding development of bacteria.

The severity of the poisoning is always in direct relation to the quantity of bacteria inoculated. Bacteria artificially raised are capable of producing erysipelatous infection.

Bacteria constitute only the indirect cause of the disease; they are not found in greater quantity in the blood of infected persons; destroying the bacteria diminishes the action of the infecting fluid without wholly changing its virulence.

Bacteria belong probably to the group of fungi, class schizomyctæ, tribe microsphaeræ.

It is supposed that *bacteriæ* vary in form and nature in the different affections in which they have been observed, but science has not been able to establish any marked difference between them.

To the deduction of any relationship between *erysipelas* in man and the form of cutaneous inflammation produced upon animals in these experiments, Lukomsky objects, on the grounds that the fluid injected was taken from *erysipelatous* bullæ already formed, and therefore already in process of change, and that the process excited by it was not true *erysipelas*, but conditions such as have been often produced by the injection of decomposed substances. By the discovery of micrococcæ in the lymph vessels and juice canals of the skin, in the neighborhood of a part affected by *erysipelas*, Lukomsky was led to make an extensive series of investigations (*Untersuchungen über Erysipelas*, *Virchow's Archiv*, Band 60, p. 418) upon the nature of the disease. These consisted, first, of the most searching examination, by the microscope, of the tissues and fluids of parts affected by *erysipelas*; second, of injections of fluids containing *bacteriæ* subcutaneously, and of their application to open wounds, the latter subjects being rabbits.

Nine cases in the first series were examined, several of which were fatal. The details are given at great length, from which it appears that where the *erysipelatous* process was fresh and still in progress, micrococcæ were to be found in great numbers in the lymph vessels and juice canals; but that where the process had come to a standstill, or was in retrogression, no micrococcæ were to be found, even when the inflammation was still intense. Their entrance into the capillaries, where they were occasionally seen, may be effected directly from the juice canals, he thinks, or, first being received by the wandering cells, may be introduced through them within the vessels.

From his experiments with rabbits, he draws the following conclusions:—They support the experience of other writers, that subcutaneous injections of fluids containing fungi produce a rapidly spreading and severe phlegmonous inflammation of the subcutaneous cellular tissue, shared to a considerable extent by the cutis. The micrococcæ increase largely in the tissue, and spread especially into the juice canals and lymph vessels. This inflammatory process can be excited by a fluid containing fungi which exhibits as yet no signs of decomposition, and also by a similar fluid from a living person, in which there can be no talk of decomposition, unless the presence of the fungus be regarded as an indication of decomposition. Fluids from a dead body, without the presence of micrococcæ and *bacteriæ*, of themselves produce only local inflammation, which has no disposition to spread. The contents of *erysipelatous* bullæ free from fungi, when injected subcutaneously, do not necessarily produce any morbid appearances.

Inasmuch as the phenomena excited by these experiments were unlike *erysipelas* in that the inflammation was largely confined to the subcutaneous tissue, while in the latter it is mainly seated in the cutis, Lukomsky, in another series, applied the matters directly to simple wounds of the skin. From the results of these, he was led to the following conclusions:—Substances in a state of decomposition containing fungi, when brought in contact with a wound, produce immediately a severe local inflammation, which quickly affects the surrounding skin; this wandering process cannot be distinguished by its symptoms from the so-called *erysipelas* in man. The micrococcæ and *bacteriæ* pene-

trate the tissues of the skin through the juice canals and lymph vessels and wander on through these channels. They are found in greatest quantity at the periphery of the inflammatory process, especially where it is making greatest progress.

Whether the micrococci pass from the surface of the wound to which they are applied into the canals of the skin in an entirely passive manner, by simple absorption, or are introduced by means of the wandering cells, or through the active movements of the bacteriæ, these observations do not determine; neither do they show in what way they again disappear; whether they are destroyed on the spot, or, by means of the wandering cells, are, perhaps, again carried off into the vessels.

Putting together all the data obtained by histological examinations of the erysipelatous skin in man, and from the experiments upon animals, Lukomsky believes that there is a connection between erysipelatous processes in the skin, and its penetration by low organisms, such as micrococci and bacteriæ, and that the progress of the disease depends upon the preceding development of micrococci.

*Bromine Acne* (*Vierteljahresschrift für Dermat. und Syph.*, 1 Jahrg., 1 Heft.).—Dr. Theodore Veiel, in Cannstadt, having had the opportunity of observing, in the asylum for epileptics, at Stetten, a great many patients who were taking large doses of bromide of potash, has communicated a very interesting report upon the action of this drug upon the skin. The amount required to produce the acne depends wholly upon individuality. In many cases, it appears quickly, with moderate doses, while in others it is wanting, even after the largest doses. It occurs alike in both sexes, and with all constitutions, as often in the robust and full-blooded, as in weak, anaemic and scrofulous persons. No opportunity was afforded of determining the age most liable to it, as only young persons were the subjects of observation. The condition of the skin seems to exercise a material influence upon the disposition to this acne, as it is especially apt to occur when the skin is thickened and greasy with sebum. Comedones and acne of prior existence increase in intensity; and the disappearance of acne vulgaris, after the use of the bromide, as stated by Fox and Cholmeley, was never observed. An acute outbreak, with febrile symptoms, was never noticed, the eruption always appearing very gradually, and exhibiting the most various stages of development simultaneously upon the same individual.

In respect to seat, it differs from ordinary acne, inasmuch as it affects not only the face, neck, shoulders and breast, but, also, as a rule, the scalp, the eyebrows, the hairy portions of the legs, and often the whole surface of the body. It especially prefers parts abundantly supplied with hair, but is never, like sycosis, exclusively limited to one hair district. Its localization, in fact, is identical with the acne produced by tar and iodine. In color, the efflorescence offers nothing characteristic, and its development, duration and retrogression are the same as in common acne. Not a trace of bromine could be detected in the pus collected, although it could be readily recognized in the urine at the time. (It is not stated that the sweat-glands did not contain bromine.) With the increase of the dose, the eruption increases in intensity, and diminishes as the dose is lessened. From acne vulgaris, it may be distinguished by its situation upon parts

abundantly supplied with hair by preference, so that a majority of the pustules appear to be perforated by a hair, and that it often occurs without any concomitant formation of comedones. Inasmuch as these latter peculiarities are common also to tar- and iodine-acne, it can only be distinguished from the latter by the entirely characteristic factor of the mouth, which affects all patients exhibiting bromine-acne, and by urinary analysis, as the other symptoms of bromism do not appear until after the acne.

Several other forms of cutaneous affections were observed in addition to acne in the Asylum. Erythema nodosum, exclusively of the lower extremities, continued, in some cases, as long as the bromide was given, but disappeared as soon as its administration ceased. It was never accompanied by fever.

A diffuse and very painful erythema, accompanied by fever, and likewise confined to the lower extremities, was more frequently noticed.

Another affection was observed upon the lower legs of two boys. Wheal-like elevations of considerable size appeared upon erythematous portions of skin, which were very sensitive, gradually assumed a wart-like appearance, and underwent ulceration. The ulcers thus formed had a bad look, were deep, and showed no inclination to recovery as long as the bromide was given, but healed at once as soon as this was omitted, and left a scar of a dirty, yellow color behind it.

In another case, a great number of warts appeared on many parts of the body, but in greatest numbers upon the face.

*Elephantiasis Arubum Congenita.*—Prof. Czerny (*Archiv für klinische Chirurgie*, Bd. 17, Heft 3) reports a very interesting case of this affection, in a woman, 25 years old, several of whose relations in preceding generations, including her mother, had been affected with similar growths. The tumor, at birth situated upon the shoulder, had reached the size of the fist at the age of six, and was removed when she was 20 years old. It grew again rapidly, and when seen by him was of great size, and hung down over the buttocks. An attempt to remove it by the ecraseur failed, on account of the great haemorrhage, and death took place a few days afterwards. Dissection revealed, in addition to the characteristic structure of such growths, which Prof. Czerny regards as a hyperplasy of the subcutaneous tissue, enormous lymph sinuses, and multiple neuromata, which seem to him to have more than an accidental connection with the disease, and to warrant the title, *elephantiasis neuromatosa*, or *neuroma elephantiasticum*, which has been applied to similar growths by Bruns. The paper is accompanied by very elaborate plates of the appearances *in situ* and after dissection.

[To be continued.]

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**OVARIAN CYST IN AN INFANT NEWLY BORN.**—Dr. C. J. Cullingworth reports an instance of the above phenomenon, discovered in the body of a well-nourished infant, born at or near the full term. The cyst was unilocular, of globular form, of smooth exterior, and semi-transparent. It was connected with the left ovary and broad ligament by a somewhat flattened base, measuring six mm., passing thence through a somewhat narrower neck into the general body of the cyst. It was covered in its entirety by peritoneum, and bloodvessels were seen passing along its walls.—*The Obstetrical Journal*, October, 1874.

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## Reports of Medical Societies.

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### OBSTETRICAL SOCIETY OF BOSTON.

[Reported for the JOURNAL.]

OCT. 10, 1874.—Dr. ABBOT, Senior Vice-President, in the chair.

Dr. STEDMAN read a paper on the relation of phthisis to pregnancy, closing with three cases which had been previously reported to the Society.

Dr. HOSMER read a case\* in which the diagnosis was ovarian disease, with some complications of a doubtful character, and the result was recovery, or at least a fair convalescence.

Dr. CHADWICK asked concerning the character of the fluid drawn by tapping.

Dr. HOSMER replied that it was the same as in ascites, containing a large amount of albumen, without cholesterine. The urine at the time was loaded with urates; otherwise normal.

Dr. ABBOT suggested that a large faecal accumulation, occasioned by the pressure of a cyst in the left side of the abdomen, might explain the enlargement which was found to persist after tapping.

Dr. CHADWICK said that the pain which was felt while the cyst was perceptible, might have been due to local peritonitis, on or about the cyst, the peritonitis causing an agglutination of the parts, and secondarily an obstruction of the rectum and accumulation of faeces; also, that the evacuation of a portion of the fluid does not make it impossible that a solid portion might then fall forward and become perceptible.

Dr. SINCLAIR remarked that a low form of peritonitis might cover the whole case. Thus, by the agglutination of parts, artificial serous cavities might be formed, in which the serum might lie for a long time unchanged, while the agglutinated parts would form masses of fleshy hardness. We might suppose these cavities to be partly relieved by tapping, convalescence to be established, and all the morbid phenomena gradually to disappear without leaving a trace.

Dr. ABBOT suggested that Dr. Hosmer's cathartics may have completed the evacuation of the tumor; and mentioned the case of a woman enormously distended by an encysted ovarian tumor, which came under his observation some years since, in whom there was apparently complete evacuation of the contents of the cyst after severe purgation for ten days, by an irregular practitioner.

Dr. LYMAN asked the chairman if he thought any ovarian cyst could be evacuated by catharsis.

Dr. ABBOT responded that, in the case mentioned, which was for a time at the Massachusetts General Hospital, Dr. J. B. S. Jackson, in whose ward she was, diagnosticated ovarian cyst; that the patient left the hospital to die; that, some time later, he saw her well, a firm mass remaining in the right iliac region, larger than the fist. She afterwards had two living children. The original tumor had distended the abdomen to its utmost capacity.

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\* The leading article in this number.

Dr. READ stated a case which he thought might be similar to that of Dr. Hosmer. It occurred some years ago; there were symptoms of ascites; tapping gave exit to a large quantity of fluid like melted fat, and was performed in two places, and the abdomen was washed out. It was afterwards found that several sacs had been formed by the gluing together of different portions of the intestines, evidently the result of peritonitis in the first place.

Dr. BUCKINGHAM referred to the phlebitis of the left upper extremity as indicating that it was not a case of ovarian disease simply, and inquired as to the nature of the congestion and swelling of the lower extremities. He considered it impossible, in our present knowledge, to make a diagnosis.

Dr. WELLINGTON inquired as to the relation between the fecal discharges mentioned in the paper and the subsidence of the secondary tumor.

Dr. HOSMER replied, in answer to these and other questions, that the only previous disease was intermittent fever in early life. In the portion of the case reported, there was no history of chills, but a good deal of nausea in the latter part of July and first of August. He had used castor oil, senna, compound rhubarb pill, and podophyllin, but not drastically; nor had there been diarrhoea. He had felt no fecal accumulation through the abdominal walls. Nothing was made out by the rectum or the vagina, even when the solid tumor could be felt above. In August, the rectum was loaded and the bowels were cleared out. About the middle of September, the patient was having large, soft, never scybalous, discharges, and at this time she was losing flesh. The three tappings yielded each about five ounces. The resulting hard tumor was distinctly lateral, extending well up into the lumbar region, and was about as large as the previous tumor. There had been pain in the left arm, and the external jugular was hard, cordy and tender. The right leg had been swollen three years; the swelling of the left began only last spring. But there was no phlebitis in the lower extremities.

*Dysmenorrhæal Membrane.*—Dr. READ showed an entire cast of the cavity of the uterus, thrown off during moderate dysmenorrhœa, to which the patient is subject. She is 30 years of age, married ten years. Her dysmenorrhœa is moderate, not confining her to the house nor making her an invalid. The specimen exhibited came away with no more than the ordinary trouble. There was steady backache, but no intermittent pains.

*Manual Dilatation of the Os Uteri.*—Dr. SINCLAIR reported a case of placenta prævia. The patient was 40 years old, and had had a child fourteen years before. The flowing began with the eighth month of pregnancy, and occurred in occasional copious gushes. For three weeks, the treatment was temporizing, with rest and quiet. In the fourth week, there was a consultation with two gentlemen, who advised plugging. This was done, and the vagina became thereby enormously distended. Dr. Sinclair removed the plug and found the cervix very firm, rigid, barely admitting the point of the finger. He determined to use manual dilatation, inserting one finger after another. The placenta was found rather more than half over the cervix. He passed the hand into the uterus, and delivered a living child; the placenta came immediately. Delivery was accomplished in twenty minutes from the beginning of manual dilatation. Dr. Sinclair considered the fingers, in

such a case, superior to Barnes's or Molesworth's dilators. No instrument, after the sixth month, can take the place of the hand, with which you know exactly where you are and what you are doing. In the present case, the cervix was long, and it might have been difficult to place and keep in place a dilating instrument. Dr. Sinclair described the manual method he employed, which consists in placing the index finger in the cervix and allowing it to remain; if there is no haste and not much force is used, the fibres gradually yield. The muscular tissue must be tired out, so as not to contract again. Then the finger may be partially withdrawn, the second pointed with it and both entered, and the patient process of dilatation repeated, and so on until the hand is introduced in the usual conical form. In a certain case, it had taken him four hours to introduce his hand. In answer to the objection, quoted by a member, which has been made to the pressure of the knuckle against the uterine substance, Dr. Sinclair stated that, in the five or six times he had done this thing, no damage had ever occurred, or seemed likely to occur, from such a cause. As to the effect of full etherization, he had known pretty strong contraction to take place under this condition.

Dr. CHADWICK stated that in a recent case of haemorrhage at the fifth month, from retained placenta, one month after abortion, he had tried Barnes's dilators, but could not keep them in place, but succeeded with Molesworth's cylindrical tubes, which he favored. These dilate cylindrically, in virtue of the longitudinal elements of which they are composed, and are marked to indicate to what extent they may be dilated with safety. They are powerful, and sometimes burst if used without caution.

Dr. BUCKINGHAM remarked that the introduction and proper retention of the dilator, before and after the escape of the foetus, were two very different things as to ease of accomplishment.

Dr. ARNOLD described a method of manual dilatation which he had successfully employed, namely, by crooking the introduced finger or fingers, and so gaining upon the inner surface of the uterus a point of leverage for advancement, and finally, by closing the hand forcibly, an act which, itself, has a dilating effect. In cases of retained placenta after abortion, he advocated the use of Loomis's placenta forceps, which he had used in several instances without damage.

*A Case of Retained Placenta.*—Dr. TUCK reported a case of retained placenta in the fifth month of the sixteenth pregnancy of a woman aged 42. She was stout and strong. She miscarried suddenly, under the care of another physician. The foetus was six or seven inches in length. When called to see her, she was blanched, exsanguine; the placenta was presenting. With the placental forceps, he worked long and slowly, and extracted half a teacupful of fragments; then, afraid to go further, and the flowing being largely checked, he plugged the vagina with a sponge soaked in a solution of persulphate of iron and done up in a handkerchief. The next morning, the patient was comfortable. In the afternoon, the air-bag was substituted for the sponge plug, and in twenty-four hours more a placental mass larger than a horse-chestnut was found in the vagina. The case afterwards went on without accident.

Dr. CHADWICK asked if the use of placental forceps were not groping in the dark. He had never used and never had faith in them.

Dr. TUCK stated that he had used the instrument with care, assuring himself, by the aid of the finger, that no uterine substance was grasped.

*Cephalhaematoma treated by the Aspirator.*—Dr. HOSMER said he had tapped, with the aspirator, a large cephalhaematoma of the left parietal, and with entire success. The tumor at once collapsed, and a few weeks afterwards the hard edge had entirely disappeared.

*Chloral in Parturition.*—Dr. LYMAN asked for an expression of opinion upon the use of chloral hydrate in the first stage of labor. In one case of his, it had given great comfort. There were pains, not very severe, but tedious, during forty-eight hours. The patient took in all two drachms, fifteen grains at a time, and was allowed to take that dose whenever she wanted it, but at not less than an hour's interval. It deadened the pains, but had no relaxing effect upon the os.

Dr. WELLINGTON asked if that were a safe direction for the patient.

Dr. LYMAN thought it perfectly so. Of late, he had used the croton-chloral, which he thought a great deal better.

*Mortality Statistics of Parturition.*—Dr. WELLINGTON referred to the mortality statistics of labor, to which his attention had been turned by the recent loss, eight days after delivery, of a patient who had suffered, during and after labor, from a valvular disease of the heart. She died from distress of breathing. He thought Duncan, in his work on obstetrics, underrates the mortality, namely, about one in one hundred within four weeks after labor. In the report of St. Bartholomew's, for four or five years, the proportion is 1 in 298. Of his own cases, Dr. Wellington had found a record of 634 and 10 deaths; of the latter, one was from valvular disease of the heart, three from puerperal pyæmia, two from disease of the brain (probably apoplexy), three from consumption, and one from puerperal mania. Excluding the three cases of phthisis and one of valvular disease of the heart, as not being properly puerperal, there were six, which is a proportion of 1 to 105. If we take only the deaths which occurred within six weeks after delivery (excluding the death from disease of the heart, which occurred eight days after labor) we should have 5 deaths, or 1 to 126.

Dr. BUCKINGHAM suggested that St. Bartholomew's patients probably leave at an early date.

Dr. LYMAN remarked, some are also probably delivered in the neighborhood, and their histories not followed up, though reckoned as hospital cases.

Dr. TUCK said that at the Boston Lying-in Hospital the patients leave on the fourteenth day. No record is kept of their condition afterwards. If there is any reason why they should stay longer, they do stay. They are never out till they have first been up and about in the house. If a patient leaves prior to the prescribed time, she is obliged to sign a paper, stating that she does so contrary to the advice of her physician.

Dr. WELLINGTON asked if it were proper that a woman should be up in less than two weeks. He never allowed patients to get up before two weeks if possible.

Dr. LYMAN thought getting up early from labor favored arrest of involution.

Dr. ASSOR did not think the mortality statistics of individual physicians should be discredited. He proposed that each member should report his own cases. He himself recalled but three deaths.

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### Bibliographical Notices.

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*Atlas of the Osseous Anatomy of the Human Ear.* By N. RUEDINGER, M.D., University Professor, Adjunct and Prosector in the Anatomical Institute of Munich. Translated and Edited, with Notes and an additional Plate, by CLARENCE J. BLAKE, M.D. Boston: A. Williams & Co.

THIS atlas, which is a reproduction, with an English text, of portions of the well-known work of Professor Rüdinger on the Human Ear, is intended "to provide the teacher and student with correct representations of the more important parts of the osseous anatomy of the human ear, accompanied by explanatory text and notes, available for instruction or for reference." The plates consist of photographs, all but one taken by Albert, of Munich, from the original negatives, which are recognized in Europe as most beautiful specimens of photographic art. They represent, respectively, the temporal bone, the ossicula auditus separate, the ossicula in their natural position together, the osseous labyrinth from above, the osseous labyrinth from without, the osseous labyrinth from behind, the cochlear portion of the vestibule, and a section through the whole petrous bone, showing the relations of the parts of the ear. In addition to these eight plates from the original work, Dr. Blake has given a photographic representation of the inner wall of the tympanum and meatus. The text, consisting of anatomical explanations of the figures, has been carefully translated, and an admirable description of the cavity of the tympanum accompanies the American frontispiece. Several notes, by the American Editor, add considerably to the value of this edition; among these, might be mentioned excellent descriptions of the complex system of arteries and nerves supplying the ear, and of the special and articular ligaments of the ossicles. The atlas, as whole, gives a much clearer and more satisfactory idea of the osseous anatomy of the ear and of the relations of the different parts to each other than any of the anatomical textbooks, and it is to be hoped that the success of this work will justify both publishers and editor in giving the remaining plates of the original *Atlas des Menslichen Gehörorganes*.

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*Outlines of the Science and Practice of Medicine.* By WM. AITKEN, M.D., F.R.S. London: Charles Griffin & Co. Philadelphia: J. B. Lippincott & Co. 1874. Pp. 593.

As this is little more than a digest of the author's larger work, we do not feel called upon so much to discuss the subject matter, to criticize the treatment, &c., as to consider whether the book is good for the purpose for which it was written. The author says, in the preface, that the book is expressly designed for students, and that it is meant to contain what is "solid, practical and essential for the student to learn on the science and practice of medicine at the outset of his career." An important feature is the instruction relating to case-taking, which is very valuable as conducive to method in examination. The section on pathology is rather sketchy, but sufficient for its purpose, if we suppose it to be taught more thoroughly with some other book. The chapters on physical examination, the methods of conducting it and conclusions to be drawn from it, are excellent. The author has hit the mean between an elaborate treatise and a superficial compendium very happily, and, in a word, we think the book very deserving.

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*The Physician's Visiting List for 1875.* Philadelphia: Lindsay & Blakiston.

MESSRS. A. WILLIAMS & Co. have sent us a specimen of these valuable pocket companions. Besides the pages devoted to notes on cases, there are others for memoranda, obstetric engagements, &c. &c. There is also a calendar and a list of poisons and their antidotes which in certain cases might be of use.

**Boston Medical and Surgical Journal.**

BOSTON: THURSDAY, DECEMBER 3, 1874.

It will be seen by the orders published below that the Medical Commission of Massachusetts is relieved from duty, and an Examining Board for candidates for medical positions in the militia established. The commission which is about to be dissolved has, of late, been but little before the public; but in its early career it rendered services, both to the State and to the profession, which should not be forgotten. At the beginning of the late war, Drs. James Jackson, George Hayward and S. D. Townsend (all of whom are now dead) were appointed a committee by the Society for Medical Improvement to represent to the Governor that great care was necessary in the selection of regimental surgeons. Shortly after his conversation with these gentlemen, Gov. Andrew appointed the body known as the Medical Commission to act as a board of consultation and a kind of general committee on army medical affairs. The Commission consisted of Drs. George Hayward,\* S. D. Townsend,\* John Ware,\* S. G. Howe, J. Mason Warren,\* Samuel Cabot, Jr., R. M. Hodges, George H. Lyman, and Wm. J. Dale, now Surgeon-General of Massachusetts. The following were subsequently added: Drs. George H. Gay, S. L. Abbot, John C. Dalton,\* R. W. Hooper. After the war, Dr. A. P. Hooker,\* in virtue of his office of Assistant Surgeon-General, became a member of the commission. This body labored zealously and efficiently at every kind of work coming within its province, and, by the authority of the Secretary of War, in addition to its other duties, discharged those of a board of examiners of medical candidates for army positions. The candidates were subjected to a rigid examination, and good evidence of respectable professional standing, as well as of moral character, was required. The Commission had its origin under exceptional circumstances, and did its duty nobly; but, with the return of peace, it became somewhat of an anomaly, and it is now eminently proper that it should be dissolved, but not without the thanks of the Commonwealth.

Drs. Joshua B. Treadwell, B. Joy Jeffries and Edward J. Forster are now appointed medical examiners, in accordance with an Act providing that candidates for the militia shall be examined by a board of militia surgeons. The matter is not without its importance, for, though, as we hope, it will be long ere the successful candidates have other professional occupation than to prescribe for diarrhoea during the summer encampment, since in case of war we must depend largely on

\* Since deceased.

volunteers, it is essential that the medical department should be found available, and, to be so, it must be composed of competent and respectable men. We approve highly of the composition of the new board, and are sure that the interest and credit of the profession may safely be trusted to it.

## COMMONWEALTH OF MASSACHUSETTS.

OFFICE OF SURGEON GENERAL, BOSTON, December 1, 1874.

*Circular.*

The Medical Commission of Massachusetts, a Board of Examining Surgeons, instituted by the late Governor Andrew, on the order of the Secretary of War, and continued by proper authority to date, for the examination of candidates for the Medical Staff of the Volunteer force of the Commonwealth during the war and since, is hereby relieved from further duty.

His Honor the Lieutenant-Governor and Commander-in-Chief gratefully recognizes the long, honorable and patriotic services of this Board, the more distinguished and to be held in remembrance as its services were voluntary and without pay.

By order of the Commander-in-Chief,

Wm. J. DALE,  
*Surgeon-General.*

ADJUTANT GENERAL'S OFFICE, BOSTON, Dec. 1, 1874.

*General Orders, No. 23.*

The Medical Commission of Massachusetts having been relieved from farther duty, it is hereby ordered that, hereafter, all persons appointed as Surgeons, or Assistant Surgeons, in the Volunteer Militia, shall be examined by a Board of three Medical Officers, for the purposes indicated in Sect. 22, Chap. 320, Acts of 1874. The Board will meet as occasion may require for such examination, and render their report through the Office of the Surgeon-General.

The following-named officers are, upon recommendation of the Surgeon-General, appointed a "Board of Officers" as herein prescribed:—

COL. JOSHUA B. TREADWELL, Asst. Surgeon-General, *President.*

MAJOR B. JOY JEFFRIES, Surgeon 1st Corps of Cadets.

MAJOR EDWARD J. FORSTER, Surgeon 5th Regt. Infantry, *Recorder.*By order of the Commander-in-Chief, JAMES A. CUNNINGHAM,  
*Adjutant-General.*

AMONG the subjects brought forward for discussion before the American Public Health Association, at its recent meeting in Philadelphia, that of hospital-construction occupied a prominent place. Several papers were read, testifying to the increasing interest which this matter has awakened in the minds of physicians and sanitarians. These contributions show that the drift of medical opinion is strongly towards single-story pavilions and small wards. Fortified by statistics of the mortality in large metropolitan hospitals, as compared with that in field-hospitals, barracks and private practice, the advocates of

the reform in hospital-construction have a strong position against those who would perpetuate the system of building piles of masonry, which sacrifice sanitary qualities to architectural display. It is noteworthy that of the five papers read at Philadelphia on this subject, only one was in any degree conservative on the question. Dr. William Pepper declared that the arguments which had been adduced had failed to convince him of the propriety of tearing down many of the large, "palatial" hospitals, or of avoiding the building of similar structures in future, but had only shown him the necessity of remedying certain defects of construction and of repressing certain abuses of administration, such as over-crowding wards, and keeping them constantly occupied. He conceded the utility, however, of having tents or temporary pavilions as out-lying wards of large hospitals, in which to treat such cases as those of erysipelas, gangrene and the contagious fevers.

Assistant Surgeon J. S. Billings, U. S. A., presented a very interesting paper, in which he took a decided position in favor of single-story pavilions, built of inexpensive materials. The essay contained many practical points and suggestions, the fruit of careful study and an extended experience.

It is gratifying to record that the indications of a reform in hospital-construction do not consist of well-conceived theories merely; but that hospital-governments are disposed to apply the practical test of utility. The Massachusetts General Hospital has had two isolated, single-story pavilions under trial for some time, and the results are satisfactory. The extensive Presbyterian Hospital, of Philadelphia, will carry out the scheme with admirably-planned details. The City Hospital, of Boston, in the contemplated additions to its system of pavilions, will also adopt the advanced principles of construction, upon the unanimous endorsement of the Staff of the Hospital. Other institutions will doubtless follow the example of those bold enough to accept the innovations urged by sanitarians, and we may confidently expect an improvement in the death-rates after surgical operations in hospitals, and shall not be content with conditions that necessitate a hospital mortality rightly denominated by Prof. Gross as "frightful."

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**THE MODE OF ACTION OF THE IODIDE AND BROMIDE OF MERCURY.**—In a communication by Professor Bellini, read before the Medico-Physical Society of Florence, and published in *L'Imparziale*, March 2, he points out as the result of his experiments on rabbits, that the iodides and bromides of mercury are converted into double salts in the intestinal canal, and that it is as such double salts that they act. Sulphur and the alkaline hyposulphites paralyze the action of the bromide and iodide of mercury, while richly seasoned diet, milk, the alkaline iodides, bromides and sulphides, and ammonia and its salts, increase their action.—*Edinburgh Medical Journal*, Nov., 1874.

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## The Hospitals.

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### BOSTON CITY HOSPITAL.

*Service of Drs. Williams, Fifield and Gay.*

LAST Friday, Nov. 27th, the surgical operations were as follows:—

1. Amputation of Fingers.
2. Extraction of Cataract.
3. Hare-lip.
4. Re-amputation of Thigh.
5. Staphylooma of Cornea.
6. Hemorrhoids treated with Galvano-cautery.
7. Ununited Fracture.
8. Removal of contents of Eyeball.

3. The case of hare-lip occurred in an infant five weeks old. The loss of structure involved the lip and palate on one side and the palate alone on the other. Dr. Gay dissected the lip away from the bone, carrying the dissection freely upward and backward. The free margins of the fissure in the lip were then refreshed by cutting from each a narrow strip downward from the nostril, leaving the two attached in place at their lower end and free above. These strips were now inverted so as to hang downward with their fresh surfaces apposed, and the whole extent of the incision was brought together from above downwards and held by silk sutures and an hour-glass shaped piece of adhesive plaster, applied to the cheeks. The pendulous bit of lip, turned down from above, was to be allowed to remain and to shrivel up, forming an artificial tip to the middle line.

4. The primary amputation of the thigh was in consequence of very severe injuries received in a fall from a staging, the patient being a vigorous adult male. The accident occurred last July, and so grave were the lesions that it was thought death must ensue. The patient had been treated in a tent-pavilion, and had recovered. But the flaps of the stump had retracted somewhat, leaving the end of the femoral shaft protuberant and necrosed, and covered by a considerable surface of granulations. The soft tissues of the stump were dissected upward away from the bone, and a portion of the bone was removed.

Dr. Fifield remarked that the ligature around the femoral had just come away, after being a source of irritation and annoyance several months. This part of the history of the case would have been avoided, in his opinion, if, instead of being tied, the artery had been twisted.

7. The patient was a young man, whose radius had been broken in July last. All attempts to secure union of the bones had proved futile. The forearm was considerably deformed by a bowing of the bone upward, and the fractured point admitted of free motion. Dr. Fifield exposed the point of injury by dissecting away the soft parts freely. The periosteum was stripped back and the ends of the bone were sawed off. A hole was drilled through each of the apposed ends, and the parts were then made fast by a copper wire, passed through the bones and twisted.

5. Dr. Williams extracted a semi-solid cataract (the nucleus being firm while the cortical layers were softer) by the method of Liebreich, opening the cornea upwards, with a narrow, straight knife, the upper margin of the incision being opposite the edge of the pupil. The edges of the incision were afterwards apposed by fine silk sutures.

8. An iron-moulder presented himself at Dr. Williams's clinic with an eye whose cornea had sloughed and whose deeper parts were inflamed, in consequence of molten iron having spattered into the patient's face while he was at his work. The pain from the injury was intense. To save the patient from the prolonged suffering attendant on progressive inflammation, Dr. Williams scooped out the contents of the eyeball, leaving the sclera behind as a stump for an artificial eye. This operation was deemed preferable to the entire enucleation of the globe.

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## Correspondence.

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### THE MAINE GENERAL HOSPITAL.

PORLTAND, Me., November 25, 1874.

IN June, 1872, there was published in the JOURNAL a sketch of the Maine General Hospital, which gave a brief account of the undertaking up to that date, a description of the plan, with illustrations, and a statement of the prospects of the institution. At that time, the walls of the north-eastern pavilion were erected and the roof put on, and the foundations of the central building were laid. It was then hoped that the hospital would be ready for the reception of patients by the summer of 1873; but the work proved more expensive than had been anticipated, the funds ran low, and numerous unforeseen delays occurred which prevented the opening until this month. Now, however, the institution is in running order, and as its progress must be a matter of interest to medical men throughout New England, a few words with regard to it will not be inappropriate.

Though the architect's plan of the hospital embraces an executive building and four pavilions, with the necessary accessory buildings, it was never the intention of the Directors to defer the commencement of its beneficent work until all the buildings were erected and furnished. From the beginning, the design has been to open the doors to the sick as soon as a sufficient portion was finished to permit the various departments of a modern hospital to be put in operation; and then, as necessity required and means allowed, to add pavilions until the whole plan was executed. Accordingly, their efforts have been directed to the completion of the first pavilion, the kitchen and the boiler-house, and these are now in actual use. Any future additions will, therefore, be simply in extension of the work already inaugurated.

The large ward in the second story is devoted to male patients, and the corresponding ward in the third story to females, medical and surgical cases being treated in each. The rooms in the north-eastern wing are used for the purposes contemplated in the original design, as also are the back central rooms on the first floor. For the present, the resident superintendent and his household occupy apartments in the south-west wing, in which also are the offices, dispensary, and so forth; and two of the front central rooms on the first floor are to be used as operating rooms, the other two as small wards. This, however, is only a temporary arrangement, and rooms are already being fitted up in the central building, which is entirely enclosed, for the better accommodation of the executive department. The heating, ventilating, cooking and laundry apparatus are of the most approved patterns, and give promise of fully meeting the requirements of the Hospital. As at present arranged, there are accommodations for about sixty patients, and the indications are that all available space will soon be occupied.

The medical officers as follows:—

Consulting Physicians and Surgeons.—Drs. John T. Gilman, William Wood, Hiram H. Hill, Thomas A. Foster, Charles E. Swan, Theodore H. Jewett.

Visiting Physicians.—Drs. Israel T. Dana, Horatio N. Small, George F. French, Augustus S. Thayer.

Visiting Surgeons.—Drs. Samuel H. Tewksbury, Wm. Warren Greene, Seth C. Gordon, Stephen H. Weeks.

Resident Physician and Superintendent.—Dr. Charles O. Hunt.

Pathologist.—Dr. Frederic H. Gerrish.

The ceremonies of dedication took place on the afternoon of Thursday, the 22d of October. The great ward in the second story was filled with a very large audience, composed in great part of ladies, who from the first have manifested the liveliest interest in the enterprise, and have ever been active in promoting its advancement. Many prominent physicians from various parts of the State, and other gentlemen of note in different walks of life, were present.

Mr. John B. Brown, the President of the Corporation, presided. The Rev. Thomas Hill, D.D., of the First Unitarian Church, and ex-President of Harvard University, offered the prayer of dedication. A dedicatory hymn, composed for the occasion by the Rev. Samuel Longfellow, with music by Herman Kotzschmar, was sung by a select choir. Then the Governor of the State, Nelson Dingley, Jr., of Lewiston, pronounced the oration. After congratulating his hearers on the prosperous condition of the Hospital, and briefly reviewing the main points in its history, he spoke of the vast advantage which it is destined to be, not only to those whose health is restored within its walls, but also to the medical profession, whose members would here learn the most useful lessons, by practising which they would benefit the entire community. He dwelt particularly upon the refining and elevating influence of a participation in benevolent ministrations, and the strengthening of human ties which make free institutions possible.

Speeches were then made by President Joshua L. Chamberlain, of Bowdoin College, representing the faculty of the Medical School of Maine, by the Rev. Dr. Shailer, of the First Baptist Church, the Rev. Mr. Jones, of the Chestnut Street Methodist Church, the Rev. Mr. Gibbs, of the Congress Square Universalist Church, and by ex-Governor Washburn. The exercises, which were throughout of a most interesting and impressive character, were closed by the singing of an original hymn.

The total amount of money received thus far by the Hospital is in the region of one hundred and thirty thousand dollars. Of this sum, forty-five thousand dollars have come from the State—twenty thousand by a legislative appropriation in 1870, and twenty-five thousand in 1874. Nearly forty thousand dollars were raised by a fair in this city in June of last year, and the remainder has been contributed by private individuals, for the most part by citizens of Portland. A little money remains in the treasury, with which to begin active operations; and the managers rely upon the liberality of the charitable people of the State for the funds which are needed to sustain the Hospital in such a condition as will be a credit to their intelligence and benevolence.

GAMMA.

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## Obituary.

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### EDWARD B. PEIRSON, M.D.

DR. EDWARD B. PEIRSON, of Salem, died Nov. 18th, in the fifty-eighth year of his age. He graduated at Harvard in 1840, and, four years later, took the medical degree of the same institution. He was an excellent physician, and universally respected. At his death, he was President of the Essex South District Medical Society.

At a special meeting of that Society, held on Saturday, Nov. 21, the following resolutions were unanimously adopted:—

WHEREAS, We, the members of the Essex South District Medical Society, at a special meeting now convened, have received the announcement of the death of our honored and dearly loved associate, Dr. Edward B. Peirson—at the time of his death and for several years previous thereto President of this Society—therefore

*Resolved*, That we mourn to-day the loss to the community and to ourselves, not only of a skilful physician and surgeon of large and ripe experience, but also of a personal friend of generous sympathies and great kindness, who has to a remarkable degree won our esteem and affection.

That with a modest estimate of his own acquirements and powers, his counsels were deservedly highly valued by the physicians of Essex County, and his help was sought with confidence in emergencies.

That we are deeply indebted to him for his services, always cheerfully and promptly rendered for the general welfare of the medical profession, and for the good judgment and courtesy with which he presided at our meetings.

That the younger members of our profession have abundant reason to speak gratefully of his timely words of encouragement, and of his practical sympathy for them during their novitiate, expressed by helps and opportunities he generously offered to them.

That by his catholicity of spirit, warm-hearted generosity and considerate regard for others, he contributed largely to cultivate and maintain that spirit of cordial sympathy and co-operation which exists to a rare degree among the members of the medical profession in our city.

That we recall with gratitude his patriotic labors for the relief of the wounded at Fredericksburg after the battle in the Wilderness. And we remember with sorrow that it was during this self-sacrificing service that he contracted disease which first permanently weakened his naturally vigorous constitution and at last added his name to the number of those who, during our late civil war, secured our national life by yielding up their own.

*Resolved*, That we cannot do otherwise than hold him in long and affectionate remembrance, and that we do hereby assure his widow and children and surviving relatives of our deep sympathy for them in this irreparable loss, and of our prayers that God will sustain and comfort them in their great sorrow.

*Resolved*, That a copy of these resolutions be transmitted to the family, the city press, and the Boston Medical and Surgical Journal.

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### Medical Miscellany.

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A WARNING TO DOCTORS is issued by the *San Francisco News Letter*, which announces its intention in future of publishing after each death-notice the name of the attending physician.

THE EDINBURGH MEDICAL JOURNAL, of November, 1874, contains the following, in a notice of Dr. Buckingham's address on "The Mutual Relations of Druggists and Physicians:" "This is a very able 'address,' and contains much sound and practical advice, both to druggists and physicians, which we on this side of the Atlantic would do well to ponder, and, what is more important, act up to."

PRIZES AWARDED.—Five works (four German and one English) entered into competition for the prize offered by the German Empress and Queen of Prussia for the best handbook on technical war-surgery. At the suggestion of the prize judges, it was ordered that the prize of 2,000 thalers should be divided, and 1,000 thalers were awarded to Dr. Frederick Esmarch, Professor at Kiel, and 500 thalers each were given to Surgeon-Major G. A. Porter, of England, and to Dr. Joseph Landsberger, of Posen.

THE *Canada Medical and Surgical Journal*, referring to the fact that honorable distinctions have been conferred by the Queen upon several of the medical profession in England, asks that the claims of the profession in Canada may be considered in the distribution of imperial honors, and suggests that the venerable Dr. George W. Campbell, Dean of the Faculty of Medicine in McGill University, and the father of surgery in Canada, would be a worthy recipient.

THE NEW GLASGOW INFIRMARY is to have, when completed, 350 beds. The grounds cover about twelve acres, and the cost will be about £100,000. Of the eight large wards ready for use, one-half will be assigned to medical, and one-half to surgical cases. There will be from fourteen to eighteen beds in each ward, with a breathing-space of 1575 cubic feet per bed. There will be a ward for skin diseases, to which medicated baths of all kinds will be attached. The surgical theatre will have seats for three hundred students. Drs. W. T. Gairdner and McCall Anderson have been appointed physicians, and Drs. McLeod and George Buchanan, surgeons.

## ANNOUNCEMENT.

THE undersigned, Proprietors and Publishers of the BOSTON MEDICAL AND SURGICAL JOURNAL, hereby give notice that they have transferred to the present Editorial Managers of the JOURNAL all their right and interest in its future publication, to take effect after the close of the current volume, Dec. 31. The JOURNAL will, after the time mentioned, be issued by the well-known firm of H. O. Houghton & Co., No. 219 Washington Street. It is unnecessary here to allude to the causes which have led to this change, but it is proper to say that it has been effected in a manner satisfactory to both parties, and that the present publishers have full confidence in the intention and ability of their successors so to continue the work as to merit, in an undiminished degree, the support which it has so long in their hands received from the medical profession. This transfer will not affect the unsettled accounts of subscribers and others with the undersigned, to whom all moneys due to the end of the year are requested to be sent, and bills for the same are enclosed in this number. Subscriptions already received for the next year will be passed over to the new Publishers; but all hereafter intended for that year may be sent directly to them.

December 3, 1874.

DAVID CLAPP & SON.

## NOTES AND QUERIES.

"WNUVEM" is requested to send his name and address.—EDS.

**THE WOLF IN SHEEP'S CLOTHING.**—In an inland town of California is an individual who claims to have a secret cure for diphtheria, to the sale of which he devotes his energies. This man has lately become religious [?]. At a church meeting, he is reported to have made a speech as follows:—"I have made up my mind to give my property to the service of the Lord. I have several thousand dollars in money, all of which I bestow on the church. I have some fine blooded stock, especially some Black Hawk horses, all of which I give to the church. I have also a lot of grain and farm produce, which in like manner I bestow on the church. There is but one thing in all my possessions which I reserve for myself, and that is my celebrated medicine for the cure of diphtheria, which I will continue to sell as heretofore for the moderate price of two dollars a bottle."—*Pacific Medical and Surgical Journal*.

They have a trick in Boston worth two of that; it is to treat disease, at a certain "Home," by "prayer and the judicious use of medicine."

**MORTALITY IN MASSACHUSETTS.**—*Deaths in sixteen Cities and Towns for the week ending November 21, 1874.*

Boston, 145; Worcester, 15; Lowell, 19; Milford, 2; Chelsea, 6; Cambridge, 16; Salem, 8; Lawrence, 10; Springfield, 9; Lynn, 12; Fitchburg, 5; Taunton, 4; Newburyport, 5; Fall River, 14; Haverhill, 7; Holyoke, 3. Total, 280.

**Prevalent Diseases.**—Consumption, 50; pneumonia, 32; scarlet fever, 14; typhoid fever, 6; measles, 6; croup, 6; diphtheria, 5.

CHAS. F. FOLSOM, M.D.  
Secretary of the State Board of Health.

**DEATHS IN BOSTON** for the week ending Saturday, Nov. 28, 149. Males, 71; females, 78. Accident, 4; apoplexy, 2; anæmia, 1; inflammation of the bowels, 1; bronchitis, 7; inflammation of the brain, 2; disease of the brain, 3; cancer, 3; consumption, 35; convulsions, 6; croup, 1; debility, 5; dropsy, 2; dropsy of the brain, 3; dysentery, 1; epilepsy, 1; scarlet fever, 4; typhoid fever, 4; bilious fever, 1; gangrene, 1; gastritis, 1; disease of the heart, 7; hernia, 1; homicide, 1; intemperance, 1; disease of the kidneys, 2; disease of the liver, 1; congestion of the lungs, 3; inflammation of the lungs, 17; marasmus, 6; measles, 2; metritis, 1; malformations, 1; old age, 4; peritonitis, 3; puerperal disease, 2; rheumatism, 1; scalded, 1; suicide, 1; caries of the spine, 1; thrush, 1; tabes mesenterica, 1; whooping cough, 1; unknown, 1.

Under 5 years of age, 65; between 5 and 20 years, 15; between 20 and 40 years, 38; between 40 and 60 years, 25; over 60 years, 16. Born in the United States, 100; Ireland, 34; other places, 16.